



Vertex Pharmaceuticals Incorporated
130 Waverly Street • Cambridge, MA 02139-4242
Tel. 617.444.6100 • Fax 617.444.6483
<http://www.vrtx.com>

RECEIVED
CENTRAL FAX CENTER

APR 06 2006

FAX TRANSMISSION

To	USPTO
Fax Number	571 273-8300
Group Art Unit	1614
From	Karen E. Brown
Date	April 6, 2006
Application No.	10/700,333
Attorney Docket No.	VPI/02-116 US
	Amendment and Reply to Office Action
Total Pages	44

Message or Comment

If any problems occur with this fax transmittal, please call (617) 444-6168 immediately.

RECEIVED
CENTRAL FAX CENTER

APR 6 2006

Attorney Docket No.: VPI/02-116 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/700,333
Confirmation No.: 5159
Filing Date: November 3, 2003
Examiner: Venkataraman Balasubramanian
Group Art Unit: 1624
Applicants: Mark Ledebøer et al.
For: COMPOSITIONS USEFUL AS INHIBITORS OF JAK AND
OTHER PROTEIN KINASES

Certificate of Facsimile Transmission Under 37 CFR §1.8

I hereby certify that this correspondence and any documents referred to as attached hereto are being facsimile transmitted to the United States Patent and Trademark Office on April 6, 2006

Lisa M. Romano

Typed or Printed Name

Lisa M. Romano

Signature

April 6, 2006
Cambridge, Massachusetts

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ an Amendment and Reply to Office Action; ☒ a Petition for Three-Month Extension of Time; ☐ a Declaration; ☐ a Power of Attorney; ☐ a copy of a Notice to File Missing Parts; ☐ a Response to Notice to File Missing Parts; ☐ a Supplemental Declaration; ☐ an Associate Power of Attorney; ☐ a substitute Specification; ☐ formal drawings; ☐ Notice of Appeal; ☐ Appeal Brief; ☐ Petition for Revival; to be filed in the above-identified patent application.

Applicants: Mark Ledeboer et al
Application No. 10/700,333

FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.

☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	* =	X \$ 50	= \$ 0
INDEPENDENT CLAIMS	-	** =	X \$200	= \$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM		+	\$360	= \$
* If less than 20, insert 20.		TOTAL		\$ <u>0</u>
** If less than 3, insert 3.				

☐ A check in the amount of \$___ in payment of the filing fee is transmitted herewith.

☐ Please charge \$___ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Applicants: Mark Ledebor et al
Application No. 10/700,333

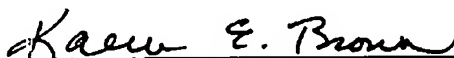
EXTENSION FEE

- ☒ The following extension is applicable to the Response filed herewith; ☐ \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☐ \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☒ \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); ☐ \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- ☐ A check in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 in payment of the extension fee is transmitted herewith.
- ☒ Please charge the extension fee in the amount of ☐ \$120.00; ☐ \$450.00; ☒ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

MISCELLANEOUS FEES

- ☐ Please charge \$_____ to Deposit Account No. 50-0725 in payment of the for _____ (37 C.F.R. §_____).

Respectfully submitted,


Karen E. Brown, Reg. No. 43,866
Attorney for Applicants
c/o Vertex Pharmaceuticals Incorporated
130 Waverly Street
Cambridge, Massachusetts 02139
Tel: (617) 444-6168
Fax: (617) 444-6483